

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V02745** (0)

1. Corporation Name  
**NOW HAIR & NAILS, INC.**



Principal Place of Business: 3185 S. FEDERAL HWY., 3185 S. FEDERAL HWY, DELRAY BEACH FL 33483 US  
Mailing Address: 3185 S. FEDERAL HWY., 3185 S. FEDERAL HWY, DELRAY BCH FL 33483 US

3. Date Incorporated or Qualified: 12/27/1991  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with handwritten entries: 3185 S Federal Hwy, Suite, Apt. #, etc., Delray beach FL, 33483, USA.

4. FEI Number: NOT APPLICABLE  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent: VERA, VIRGINIA, 5580 A-N FEDERAL HIGHWAY, BOCA RATON FL 33487

10. Name and Address of New Registered Agent (81-84) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05, Florida Statutes.

SIGNATURE: Virginia Vera (Signature) Date: Jan 18, '96

12. OFFICERS AND DIRECTORS

TITLE	V	DELETED
NAME	VERA, VIRGINIA	
STREET ADDRESS	3185 S. FEDERAL HWY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: Virginia Vera (Signature) Date: Jan 17, 96 Daytime Phone #: 407-274-4120

CR2E034 (12/95)